

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24309

FILED
Feb 16, 2011
Secretary of State

Entity Name: NEUROLOGICAL REHABILITATION CENTER PROGRAM SERVICES, INC.

Current Principal Place of Business:

C/O JORGE CUERVO
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

7777 NORTH UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321

Current Mailing Address:

C/O JORGE CUERVO
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Mailing Address:

7777 NORTH UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321

FEI Number: 65-0157388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUERVO, JORGE
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: CUERVO, JORGE
Address: 1211 SW 87TH TERRACE
City-St-Zip: PLANTATION, FL 33324 US

Title: DIR
Name: GREEN, MATTHEW
Address: 2583 TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE CUERVO

DIR

02/16/2011

Electronic Signature of Signing Officer or Director

Date